VEHICLE DROP-OFF FORM

Drop-Off Date / /	Unit #	VIN
Make		Model

Customer Information	Contact Information (if different)
Customer/Company name	*Contact name*
Customer/Company phone 1	*Contact phone 1*
Customer/Company phone 2	*Contact phone 2*
Customer/Company FAX	*Contact FAX*
Customer/Company email	*Contact email*

Items to be Inspected/Repaired	

Authorization to Perform Necessary Repairs

Authorized Signature (required)	Name (printed)	Date
		/ /

Complete All Applicable Fields, Sign Form, and Leave on Front Seat of Truck